



APPLICATION FOR TEMPORARY OUTSIDE DINING OPERATIONS PERMIT

Business Information

Business Name:
Business License #:
Address/Location:
Telephone Number: Email:
Bill To/Mailing Address:
City: State: Zip:

Contact Information

Ownership Type:
() Association () Corporation () Partnership () Single Owner () LLC
Applicant's Name:
Owner/Agent's Name (if different):
Owner/Agent's Address:
City: State: Zip: Email:

Please indicate any alcohol that you wish to serve:

☐ Beer ☐ Wine ☐ Liquor ☐ Sunday Sales ☐ No Alcohol Sales

The following items are required to be submitted with this form:

- ☐ 24-Hour Contact Information
- ☐ Permission from Property Owner for use of extended dining area
- ☐ Site plan detailing layout of proposed outdoor operations, but not limited to, location of tables, seating, tents, portable toilets, parking areas, waste disposal areas, fencing, ingress and egress into the temporary structure, etc.
- ☐ Size of proposed tent in square feet
- ☐ Proof of fire retardant material

I _____ (please print) on the ____ of _____, 20____, have read and understand the Temporary Outdoor Dining Operations Policy. I further agree to abide by all the requirements outlined above. I am aware that failure to comply with said requirements would result in revocation of the Temporary Outdoor Dining Operations Permit and/or enforcement action by the City of Sandy Springs.

Signed _____ Date: _____
Business Registration: Approval/Denial _____ Date: _____
P&Z: Approval/Denial _____ Date: _____ Final Approval: _____ Date: _____



SANDY SPRINGS

GEORGIA

OWNER'S AFFIDAVIT

Pursuant to the Sandy Springs Development Code, written, notarized permission from the owner of the property upon which the special event is proposed, along with an application for a Temporary Permit for Outdoor Dining Operations, including a 24-hour contact telephone for the owner must be provided. In addition, the owner and applicant shall ensure and commit to compliance with the standards established by the Sandy Springs Development Code and the Policy in place for the specific application being filed.

I do hereby certify, under oath, that the Applicant has been made aware of and will comply with all of the standards and requirements of the Sandy Springs Zoning Ordinance and policies by which the above-stated business/event/activity is regulated.

Name of Owner:

Address:

City:

State:

Zip:

24 Hour Contact
Number:

Owner's Signature:

Sworn to and Attested before me this _____ day of _____, 20__.

Notary Public:

(SEAL)